PART B - FEE(S) TRANSMITTAL

Customer Number

26630

Omplete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

JUL 1 4 2005

Alexandria, Virginia 22313-1450 or Fax

(703) 746-4000

INSTRUCTIONS this form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All thinder correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26630

7590

04/13/2005

LOYD W BONNEVILLE 1213 AMSTERDAM AVE MADISON, WI 53716

07/15/2005 RMEBRAH1 00000117 10600384

01 FC:2501

700.00 DP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

	Ma	rilyn J. Bonneville	epositor's name
march	M 9.	Bonneville	(Signature
	0	Jul 12 05	(Date

APPLICATION NO.	FILING DATE	FILING DATE FIRST NAMED INVENTOR		CONFIRMATION NO.			
10/600,384	06/19/2003	Robert Sylvester Hinds	1	8515			
TITLE OF INVENTION: STRAP INTERCONNECTION ADJUSTING ASSEMBLY							

ı	APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL I	FEE(S) DUE	DATE DUE
•	nonprovisional	YES	\$700		\$0	\$	5700	07/13/2005
1	EXAM	INER	ART UN	T	CLASS-SUBCLASS			
,	LAVINDE	R, JACK W	3677		024-13400P			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the r or agents (2) the n registere 2 registe	inting on the patent front page, list names of up to 3 registered patents OR, alternatively, name of a single firm (having as a d attorney or agent) and the namered patent attorneys or agents. If to name will be printed.	member a es of up to		Loyd W. Bonneville Attorney		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Please check the appropriate assignee category or categories (will not be		er private group entity 🚨 Government			
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
Issue Fee Return Receipt Postcard	A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies	The Director is hereby authorized by charge the require Deposit Account Number (enclo	ed fee(s), or credit any overpayment, to se an extra copy of this form).			
5. Change in Entity Status (from status indicated above)					
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY stat	us. See 37 CFR 1.27(g)(2).			
The Director of the USPTO is requested to apply the Issue Fee and Pub NOTE: The Issue Fee and Publication Fee (i) required) will not be accenterest as shown by the records of the United States Patent and Tradem	lication Fee (if any) or to re-apply any previously paid issue fee to pted from anyone other than the applicant; a registered attorney chark Office.	o the application identified above. or agent; or the assignee or other party in			
Authorized Signature Abyll Dom.	neville Date	Jul 12 05			
Typed or printed name Loyd W. Bonnevil	le Registration No.	35,453			
This collection of information is required by 37 CEP 1 311. The inform	nation is required to obtain as satain a banefit by the mublic which	is to file (and by the LICETO to process)			

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.